

### Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid

600 Washington Street Boston, MA 02111 www.mass.gov/masshealth



Eligibility Operations Memo 06-12 November 1, 2006

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: Health Care Reform Implementation: Changes in the Family Assistance Premium

**Assistance for Adults: Insurance Partnership Program** 

#### Introduction

Effective October 1, 2006, there are changes in the Insurance Partnership (IP) Program in the Family Assistance Premium Assistance for Adults benefit. The changes include an increase in the income standard, adjusted employee monthly costs that reflect the new income standard, and an added crowd-out provision for those who had access to employer-sponsored health insurance in the last six months before the application.

### Insurance Partnership Changes

#### **Income Standard**

The income standard for IP has been increased to include income at or below 300% of the FPL.

### **Employee Monthly Costs**

The following reflects the adjusted employee monthly costs and includes the increased income standard.

For families without children:

Income	Covered Adult	Couple
At or below 100% of the FPL	No Premium	No Premium
Greater than 100% of the FPL and at or below 200% of the FPL	\$27	\$54
Greater than 200% of the FPL and at or below 250% of the FPL	\$53	\$106
Greater than 250% of the FPL and at or below 300% of the FPL	\$80	\$160

# Insurance Partnership Changes (cont.)

If the member premium share exceeds the cost-effective amount, the member is responsible for the additional amount beyond the stated premium contribution.

For families with children:

Income	Per Child	Maximum
At or below 200% of the FPL	\$12	\$36
Greater than 200% of the FPL and at or below 250% of the FPL	\$20	\$60
Greater than 250% of the FPL and at or below 300% of the FPL	\$26	\$84

#### **Crowd-Out Provision**

The crowd-out provision will be in effect if an individual or the individual's spouse worked for an employer who provided health-insurance coverage within the last six months for which the individual was eligible. Applicants will not be eligible for IP if they did not take this available health insurance.

## Applying for or Questions about the Insurance Partnership Program

Applicants or members should be referred to a billing and enrollment intermediary (BEI) or Employee Benefit Resources (EBR) contractors if they:

- want to apply for the IP Program;
- have a question about how to obtain an IP Supplemental Affidavit; or
- have a question about IP eligibility.

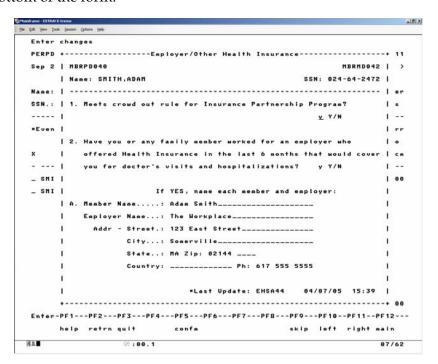
### MA21 Changes to the Insurance Partnership Screens

Effective October 1, 2006, the Employer/Other Health Insurance screens (EHI) on the MA21 data entry, query, and snapshot screens have been updated. There are now two questions on the screens. Question 1 is new and Question 2 has been updated.

#### MA21 Data Entry (EHI)

Question 1 is used for an IP eligibility determination to see if the applicant meets the IP crowd-out rules. The information for this

MA21 Changes to the Insurance Partnership Screens (cont.) data entry is provided on the IP Affidavit form that is received with the MBR from the BEI or EBR. Data entry is necessary if the IP affidavit is annotated with N (No) in the section marked "For Office Use Only." The CPU is responsible for entering the information recorded on the bottom of the form.



Data entry choices are as follows:

- N Does not meet crowd-out provisions. The applicant's or spouse's current employer offered health insurance within the last six months and the individual does not qualify for the Insurance Partnership Program.
- Y Meets the crowd-out provision. The applicant's or spouse's current employer did not offer health insurance within the last six months and the individual qualifies for the Insurance Partnership Program.

Blank — No entry was made on EHI screen for Question 1.

MA21 Changes to the Insurance Partnership Screens (cont.) Question 2 was revised to be consistent with the October 1, 2006, updates made in the MBR Supplement A: Other Possible Health Insurance section. The data-entry response for this question comes from the answer the applicant provides on Supplement A.

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< 1 more ** Most recent MHBR info for HH: SMITH, ADAM	** I			
	1			
** Employer Health Insurance **				
Meets crowd out rule for Insurance Partnership Program? Y				
Have you or any family member worked for an employer who offered				
health insurance in the last 6 months that would cover you for				
doctor's visits and hospitalizations?	- 1			
l I	- 1			
Member Name.: ADAM SMITH   Member Name.:	- 1			
Ins Avail Dt:   Ins Avail Dt:	- 1			
Employer: THE WORKPLACE   Employer:	- 1			
Address: 123 EAST STREET   Address:	- 1			
I SOMERVILLE	- 1			
I MA 02144	- 1			
Phone: (617)555-5555	- 1			
Unable to enroll in this plan because cannot afford premium:	- 1			
Any household member left employment in the last 60 days:				
Person received health insurance from the employer				
Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF9PF10PF11PF1				
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MA21 Snapshot Screen Effective October 1, 2006, the MA21 Eligibility Results for an Individual screen (Snapshot screen) was updated to include information on the IP crowd-out rule. The field that was added, "IP Crowd Out," is in the lower right section of the sample screen below.

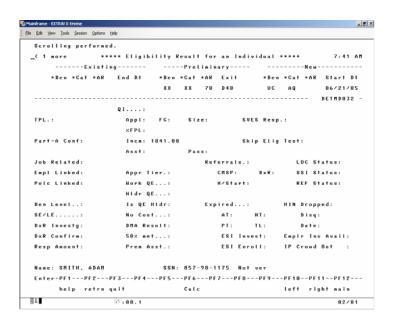
### MA21 Snapshot Screen (cont.)

### **Snapshot Screen 2**

Snapshot screen 2 shows information about employer insurance availability and the IP crowd-out provision.

The IP Crowd Out field, in the lower right on the screen, is used for IP eligibility determinations. The indicators are Y (Yes), N (No), and blank.

A Y means that the applicant's or spouse's current employer did not offer health insurance within the last six months and the individual qualifies for IP. An N means that the applicant's or spouse's current employer did offer health insurance within the last six months and the individual does not qualify for IP. A blank indicates that no entry was made on the EHI screen for Question 1.



#### Attachment

Attached to this memo is the Insurance Partnership Supplemental Affidavit.

### Questions

If you have any questions about this memo please have your MEC designee contact the Policy Hotline.



# **INSURANCE PARTNERSHIP SUPPLEMENTAL AFFIDAVIT**

Insurance Partnership Employee		
Name	SSN	
Please check off appropriate box and sign.  This is the first time I have been offered health insurance within My current employer offered health insurance within		
I certify under the penalty of perjury that the above sta	tement is correct and comple	ete to the best of my knowledge.
Signature Insurance Partnership Employee		Date
Spouse of Insurance Partnership Emplo	oyee	
Name	SSN	
Please check off appropriate box and sign.  I am not working.  My current employer did not offer health insurance  My current employer offered health insurance within take the coverage.		•
I certify under the penalty of perjury that the above sta	tement is correct and comple	ete to the best of my knowledge.
Signature of Spouse of Insurance Partnership Employee		Date
For Offi	ice Use Only	EH